

UNITED STATES DISTRICT COURT

FOR THE

Southern DISTRICT OF

New York

UNITED STATES OF AMERICA

Case No. 1:20-cr-00623-JSR-1
(write the number of your criminal case)

MOTION FOR SENTENCE
REDUCTION UNDER

18 U.S.C. § 3582(c)(1)(A)

(Compassionate Release)

(Pro Se Prisoner)

v.

Write your full name here.

Willie Dennis

NOTICE

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Does this motion include a request that any documents attached to this motion be filed under seal? (Documents filed under seal are not available to the public.)

☐ Yes

☐ No

If you answered yes, please list the documents in section IV of this form.

I. SENTENCE INFORMATION

Date of sentencing: 2/10/2013

Term of imprisonment imposed: 2 years

Approximate time served to date: 1 year 3 months

Projected release date: 6/2024

Length of Term of Supervised Release: 3 years

Have you filed an appeal in your case? ☐ Yes ☒ No

Are you subject to an order of deportation or an ICE detainer? ☐ Yes ☒ No

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

18 U.S.C. § 3582(c)(1)(A) allows you to file this motion (1) after you have fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on your behalf, or (2) 30 days after the warden of your facility received your request that the warden make a motion on your behalf, whichever is earlier.

Please include copies of any written correspondence to and from the Bureau of Prisons related to your motion, including your written request to the Warden and records of any denial from the Bureau of Prisons.

The requirements for this compassionate release motion being filed with the court differ from the requirements that you would use to submit a compassionate release request to the Bureau of Prisons. This form should only be used for a compassionate release motion made to the court. If you are submitting a compassionate release request to the Bureau of Prisons, please review and follow the Bureau of Prisons program statement.

Have you personally submitted your request for compassionate release to the Warden of the institution where you are incarcerated?

☐ Yes, I submitted a request for compassionate release to the warden on

(date) 12/7/2023.

☐ No, I did not submit a request for compassionate release to the warden.

If no, explain why not:

Was your request denied by the Warden?

☐ Yes, my request was denied by the warden on (date): _____.

☒ No. I did not receive a response yet.

III. GROUNDS FOR RELEASE

Please use the checkboxes below to state the grounds for your request for compassionate release. Please select all grounds that apply to you. You may attach additional sheets if necessary to further describe the reasons supporting your motion. You may also attach any relevant exhibits. Exhibits may include medical records if your request is based on a medical condition, or a statement from a family member or sponsor.

A. Are you 70 years old or older?

☐ Yes.

☒ No.

If you answered no, go to Section B below. You do not need to fill out Section A.

If you answered yes, you may be eligible for release under 18 U.S.C. § 3582(c)(1)(A)(iii) if you meet two additional criteria. Please answer the following questions so the Court can determine if you are eligible for release under this section of the statute.

Have you served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which you are imprisoned?

☐ Yes.

☒ No.

Has the Director of the Bureau of Prisons determined that you are not a danger to the safety of any other person or the community?

☐ Yes.

☐ No.

B. Do you believe there are other extraordinary and compelling reasons for your release?

☒ Yes.

☐ No.

If you answered "Yes," please check all boxes that apply so the Court can determine whether you are eligible for release under 18 U.S.C. § 3582(c)(1)(A)(i).

☐ I have been diagnosed with a terminal illness.

☐ I have a serious physical or medical condition; a serious functional or cognitive impairment; or deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, and I am not expected to recover from this condition.

☐ I am 65 years old or older and I am experiencing a serious deterioration in physical or mental health because of the aging process.

☐ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.

☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.

☒ There are other extraordinary and compelling reasons for my release.

Please explain below the basis for your request. If there is additional information regarding any of these issues that you would like the Court to consider but which is confidential, you may include that information on a separate page, attach the page to this motion, and, in section IV below, request that that attachment be sealed.

I suffer from several serious physical and medical conditions from which I have suffered for many years. I have experienced significant physical and mental health issues of the ongoing process which substantially diminish my ability to provide self-care within the environment of a correctional facility and from which I am not expected to recover.

IV. ATTACHMENTS AND REQUEST TO SEAL

Please list any documents you are attaching to this motion. A proposed release plan is included as an attachment. You are encouraged but not required to complete the proposed release plan. A cover page for the submission of medical records and additional medical information is also included as an attachment to this motion. Again, you are not required to provide medical records and additional medical information. For each document you are attaching to this motion, state whether you request that it be filed under seal because it includes confidential information.

Document	Attached?	Request to seal?
Proposed Release Plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Additional medical information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. REQUEST FOR APPOINTMENT OF COUNSEL

I do not have an attorney and I request an attorney be appointed to help me, preferably
 James T. Golden, Esq. who has filed a
 motion seeking the Court's permission
 to represent me in pro-hab and pro-bono

☐ Yes ☐ No

VI. MOVANT'S DECLARATION AND SIGNATURE

For the reasons stated in this motion, I move the court for a reduction in sentence
 (compassionate release) under 18 U.S.C. § 3582(c)(1)(A). I declare under penalty of
 perjury that the facts stated in this motion are true and correct.

Date _____
 Signature _____

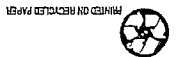
Name _____
 W. L. Dennis

Bureau of Prisons Register # _____
 91401-054

Bureau of Prisons Facility _____
 MDC Brooklyn

Institution's Address _____
 MDC Brooklyn, Metropolitan Detention Center

P.O. Box 329002
 Brooklyn New York 11232



Record Copy - File; Copy - Inmate
(This form may be replicated via WP)
and BP-S148.070 APR 94
This form replaces BP-148.070 dated Oct 86

Signature Staff Member	Date
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DISPOSITION:

(Do not write below this line)

I am requesting a compassionate release for medical issues. Please see Attachment A.

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

TO: (Name and Title of Staff Member) Unit Manager	DATE: December 7, 2023
FROM: Willie Dennis	REGISTER NO.: 91401-054
WORK ASSIGNMENT: Not Assigned	UNIT: 53

In order to clear me for surgery on my left right

Medical Background/History

near my aorta which doctor are closely monitoring.

I also have an aneurysm least 90% of my day.

to a bed or chair for at

As a result I am confined

as soon as I stand up.

to walk the pain increases

made it very difficult for me

and (iii) umbilical hernia has

dropped into my right testicle)

inguinal hernia (which has

right femoral artery (ii) an

from (i) blockage in my

Presently the pain resulting

a compassionate release.

of my body, I am requesting

causing the rapid deterioration

medical issues which are

Due to several significant

Attachment A

On July 23, 2023, the vascular surgeon at Mount Sinai Hospital, Dr. Justin George, placed three stents in my left leg to improve the flow of blood. On July 24, 2023, Dr. George, after deciding that the blockages in my right leg could not be stented, placed an artificial vein in my leg during a six (6) hour procedure. Unfortunately, the artificial vein became infected after a few days and on August 10, 2023, I was rushed to the emergency room at Mount Sinai Hospital and underwent a six-hour surgical process in which the artificial vein was removed and antibiotics were flushed through my body. The Dr. also gave me a

femoral artery (ii) inguinal hernia and (iii) umbilical hernia, the Hospital inserted three stents in my left circumflex and left anterior descending arteries. In order to increase the blood flow to my heart

Since the removal of the
 artificial vein my right foot
 is now numb and cold as a
 result of the small amount
 of blood passing through my
 right leg. Dr. George had
 recommended significant rehab
 or my right leg to create new
 pathways for blood to pass
 through my right leg. Dr. George
 also stated that no work to
 increase the blood flow
 to my right leg can be done
 until (i) it is clear that
 the infection in my body
 is gone and (ii) my body
 has recovered from the
 surgery in July and August.
 Dr. George has also made it
 clear that any further work on
 my right leg (i) will be more
 invasive because of the new
 scar tissue from the prior
 surgery and (ii) increase the
 likelihood of the loss of the
 limb. For my depression as a result
 of this surgery, I was given Elavil.

~~_____~~

Page 3
 Blood transfusion as a result of
 my body's adverse reaction to the surgery

Information Relating To My Case

Page 4

I am 61 years of age and was convicted of a non-violent / non-sexual crime (e-mail harassment of my former law partners. This is my first and only crime during my 61 years.

I was sentenced to 2 years and as of this submission I have served approximately 14 months of my sentence.

If I am released I will utilize personal health care insurance (Blue Cross / Blue Shield) to receive medical help. I would live with my parents in Sanford Florida which is where I lived prior to my conviction. I have many family members who live in the area and can help me. Thank you for considering